



4/Response
DK
8-08-03

NIT-177-02

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

T. TOMARU et al

Serial No. 10/084,382

Group Art Unit: 2828

Filed: February 28, 2002

Examiner: D. Flores Ruiz

For: SOLID-STATE LASER COMPENSATION FOR PUMPING-LIGHT
ASTIGMATISM

REPLY

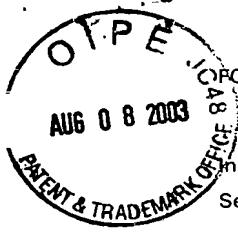
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

August 8, 2003

Sir:

In reply to the Office Action mailed May 8, 2003, the
Applicants request reconsideration as follows.

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AUG 11 2003
TECHNOLOGY CENTER 2800



FORM PTO-1083

AUG 8 2003

RE application of T. TOMARU et al
Serial No.: 10/084,382

Filed: February 27, 2002

PATENT
Case Docket No. NIT-177-02

Group Art Unit: 2828

Examiner: D. Flores Ruiz

For: SOLID-STATE LASER COMPENSATED FOR PUMPING-LIGHT ASTIGMATISM

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

No additional fee is required.

The fee has been calculated as shown below:

	(COL. 1)		(COL. 2)		(COL. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra
Total	* 16	Minus	** 20	=	0
<input type="checkbox"/> First Presentation of Multiple Dependent Claims					

SMALL ENTITY

Rate	Additional Fee
x 9	\$
x 42	\$
+ 140	\$
Total	\$

OR

Rate	Additional Fee
x 18	\$ 0
x 84	\$ 0
+ 280	\$ 0
Total	\$ 0

OTHER THAN A SMALL ENTITY

* If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.
** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space.
*** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, write '3' in this space.

The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

Please charge my Deposit Account No. 50-1417 in the amount of \$ _____.

A check in the amount of \$ _____ is attached in payment of: _____.

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.

Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

Any patent application processing fees under 37 CFR 1.17.

Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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Attorney for Applicant(s)

Date: August 8, 2003

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